IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



towa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only	
Indexed	
Audited	
Checked _	
Computer	

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEC	QUEST:	
DHS - Cherokee Mental Health Institute		
Name of Department or Office 1251 West Cedar Loop	Cherokee, Yowa 51012	
Mailing Address	City, State, Zip Code	
712 223 2594 Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	OFFICE:	
Katelyn Matheny Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
kmailing Address (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)	
DONOR OF GIFT OR BEQUEST:		
Mary Johnson		
Name		
Mailing Address City, State, Zip Code	November 20, 2018 \$15.00	
Mailing Address	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number	typics in defined as "fair market value" of item as determined by	
,	receiving department or office. If no value mark "0.00".	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
Previously used winter coat.		
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department	of the state or received by the Governor on behalf of the state.	
Statement of Affirmation:		
	ed above is accurate. I further affirm that the information concerning the donor and	
assessment of the fair market value (if applicable) is correct and true	to the best of my knowledge.	
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Signature	Date	